4/27
DDA

FORM 5 Rev 12/05

01432100

# State of Colorado
# Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax:(303)894-2109

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## DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

1. OGCC Operator Number: 91755
2. Name of Operator: United States Exploration Inc.
3. Address: 1500 Poly Dr., Suite 100
   City Billings State: MT Zip: 59102
4. Contact Name: Jan Harmon
   Phone: 406.294.5990
   Fax: (406) 294-5992

Complete the Attachment Checklist S

| | OP | OGCC |
|---|---|---|
| Logs | | |
| Directional Survey** | | |
| DST Analysis | | |
| Core Analysis | | |
| Cmt summary* | | |

5. API Number 05- 123-23481
6. County: WELD
7. Well Name: GRAEBER
   Well Number: 33-33D
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): SENE, SEC. 33, T1N, R68W, 6
   Footage at surface: 2185' FNL/FSL N 687' FEL/FWL E
   As Drilled Latitude: 40.00887N As Drilled Longitude: -105.00152
   GPS Data: PER J.H. ON 6/7/2006
   Date of Measurement: 5/3/06 PDOP Reading: 2.3 GPS Instrument Operator's Name: Brad Steil
   ** If directional, footage at Top of Prod. Zone FNL/FSL FEL/FWL Sec, Twp, Rng
   ** If directional, footage at Bottom Hole FNL/FSL FEL/FWL Sec, Twp, Rng
9. Field Name: WATTENBERG
10. Field Number 90750
11. Federal, Indian or State Lease Number:
12. Spud Date: (when the 1st bit hit the dirt) 3/8/06
13. Date TD:
14. Date Casing Set or D&A: 3/24/06
15. Well Classification: ✓ Dry Oil Gas Coalbed Disposal Stratigraphic
16. Total Depth MD 7178' ✓ TVD** 6816'
17. Plug Back Total Depth MD TVD**
18. Elevations GR ~~5233~~ 5218' KB 5233'
    One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.
    Enhanced Recovery / Gas Storage / Oberservation / Other:
19. List Electric Logs Run: NO LOGS RUN

DA

20. **CASING, LINER and CEMENT**

*If Cement Bond Log was not run, submit contractor's cement job summary for each string cemented

| String | Hole Size | Csg/Liner Size | Csg/Liner Top | Csg/Tool Setting Depth | Number of sacks cmt | Cement Top | Cement Bottom | CBL* | Calculated* |
|---|---|---|---|---|---|---|---|---|---|
| Conductor | | | | | | | | | |
| Surface | 12-1/4" | 8-5/8" | surface | 1055' ✓ | 740 ✓ | SURFACE | 1055' | | ✓ |
| Production | 7-7/8" | 4-1/2" | surface | | | | | | |
| Stage, Squeeze, Remedial Cement Job | | | | | | | | | |
| | | | | | | | | | |
| Stage, Squeeze, Remedial Cement Job | | | | | | | | | |
| | | | | | | | | | |
| Stage, Squeeze, Remedial Cement Job | | | | | | | | | |
| | | | | | | | | | |
| Liner | | | | | | | | | |
| Liner | | | | | | | | | |

21. **FORMATION LOG INTERVALS AND TEST ZONES**

| FORMATION NAME | Measured Depth Top | Measured Depth Bottom | Check if applies DST | Check if applies Cored |
|---|---|---|---|---|
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All DST and Core Analyses must be submitted to COGCC

| COMMENTS |
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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Print Name: JAN HARMON E-mail: jharmon@usexpl.com

Signature: Jan Harmon Title: Operations Administrator Date: 5-5-06